

Foster Family Home - Corrective Action Report

Provider ID: 1-599607

Home Name: Rosario Tabilisma, CNA

Review ID: 1-599607-7

94-1061 Lumiauau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/1/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.

Compliance Manager

Primary Care Giver

Date

Date